April 7, 2026

Dr. Denise Callari
Medical Director
United Healthcare
9700 Health Care Lane
Minnetonka, MN 55343

Sent via email: denise_callari@uhc.com.

Re: UnitedHealthcare's use of Synapse Health for DME fulfillment and patient access to CPAP therapy

Dear Dr. Callari:

On behalf of the American Academy of Sleep Medicine (AASM), we are writing to share serious concerns raised by AASM members regarding UnitedHealthcare's use of Synapse Health as an intermediary for durable medical equipment (DME) fulfillment—particularly for continuous positive airway pressure (CPAP) devices and related supplies used to treat obstructive sleep apnea.

AASM members report that operational barriers associated with Synapse Health have delayed initiation of medically necessary therapy and created avoidable administrative burden for patients, clinicians, and DME suppliers, particularly related to treatment of obstructive sleep apnea. Obstructive sleep apnea is common and, when untreated, is associated with serious health risks. PAP therapy is a cornerstone treatment, and delayed access can translate into prolonged symptoms, increased cardiovascular and metabolic risk, drowsy driving risk, and diminished quality of life.

AASM members have described a pattern of issues, including:

•Delays in CPAP delivery that have reportedly shifted from a few weeks to more than a month and sometimes up to three months, leading to delays in access to care

- A faulty, difficult-to-navigate ordering portal, including repeated requests for documentation, claims that submissions were not received, and a lack of functionality to modify orders without re-entering them
- Unresponsive communication channels, including minimal responses via portal chat and interactions with representatives who reportedly cannot resolve portal-related problems
- Order cancellations without notice when information is missing, leaving patients and clinicians unaware until the delivery is overdue
- Denials without clear appeal pathway guidance
- Restrictions that reportedly prevent DME suppliers from communicating directly with patients, forcing all communication through Synapse Health and contributing to delays and difficulty reaching a representative by phone

Medicare has long-established expectations for DMEPOS supplier performance and quality. CMS's DMEPOS Quality Standards emphasize both "Supplier Business Service Requirements" and "Supplier Product-Specific Service Requirements," including consumer services, delivery and set-up, training/instructions to the beneficiary or caregiver, and follow-up. In addition, Medicare's supplier standards reflect fundamental access and service expectations, including that suppliers must maintain an accessible business telephone and be able to answer questions and respond to complaints and maintain documentation of such contacts, and that suppliers are responsible for delivery and beneficiary instruction with proof of delivery and instruction. These standards are tied to Medicare's broader regulatory framework for DMEPOS suppliers. CMS also ties DMEPOS participation to accreditation mechanisms intended to assure compliance with DMEPOS quality standards and patient-facing complaint processes. Taken together, Medicare's documented expectations underscore that DME fulfillment processes should reliably support (1) responsive consumer services, (2) timely delivery and set-up, (3) clear beneficiary education, and (4) adequate follow-up and complaint resolution.

Given the concerns described above, AASM respectfully requests that UnitedHealthcare:

1. Assess and address delays in PAP and respiratory DME fulfillment associated with the current Synapse Health workflow, including portal functionality, documentation requirement workflows, and communication pathways.
2. Ensure that beneficiaries and prescribing clinicians receive timely status updates, and that orders are not canceled without transparent notification and clear next steps.
3. Ensure that any denial or non-approval is accompanied by clear guidance on appeal options and alternative pathways to medically necessary treatment.

4. Confirm that UnitedHealthcare's delegated/vendor processes for DME fulfillment support Medicare-aligned best practices for consumer services, delivery/set-up, beneficiary training, and follow-up, consistent with CMS DMEPOS quality expectations.

5. Review whether restrictions on supplier–patient communication are contributing to access barriers and whether beneficiary support can be strengthened in a manner consistent with responsive service and complaint handling expectations reflected in Medicare supplier standards.

Thank you for your attention to this matter and for your commitment to ensuring that Medicare Advantage beneficiaries with sleep-disordered breathing have timely access to evidence-based treatment. The AASM Coding and Reimbursement Advisory Committee would welcome the opportunity to meet with UnitedHealthcare's Medicare Advantage clinical and operational leadership to discuss these concerns and identify solutions that restore timely access to therapy while reducing administrative burden. Please feel free to contact Diedra Gray, AASM Director of Quality & Health Policy, at dgray@aasm.org or 630-737-9700 to coordinate a discussion.

We look forward to hearing from you.

Sincerely,

Gabriela de Bruin, MD

Chair of the AASM Coding and Reimbursement Advisory Committee